



High-Intensity Targeted Screening (HITS) for Childhood Lead Poisoning

WHAT IS THE PUBLIC HEALTH PROBLEM?

- # Lead poisoning is one of the most preventable environment-related health problems of young children, but nearly 1 million children less than 6 years of age have elevated blood lead levels (BLLs). BLLs ≥ 10 micrograms per liter are considered to be elevated.
- # Lead poisoning, which can affect virtually every body system, can result in learning disabilities, behavior problems, and at very high levels, seizures, coma, and even death.
- # To reach the goal of eliminating childhood lead poisoning by the year 2010, we need to improve our ability to screen children for lead.

WHAT HAS CDC ACCOMPLISHED?

In 2001, the Centers for Disease Control and Prevention (CDC) developed the High-Intensity Targeted Screening (HITS) approach for improving the nation's ability to target and screen children for lead poisoning and prevent exposure to lead. HITS consists of the following components:

- # **Door-to-Door Screening:** Teams of staffers from local childhood lead poisoning prevention programs and community members, assisted by CDC, visit homes in high-risk communities to screen children for lead.
- # **Intervention:** When children are found to have elevated BLLs, the families are offered appropriate medical treatment and a home lead evaluation.
- # **Capacity Building:** Local programs will use HITS data to improve lead screening plans, better direct resources, increase technical capacity, and monitor progress toward lead poisoning elimination.
- # **Partnership Building:** The HITS approach requires partnerships to be developed between community members and multiple federal, state, and local agencies, resulting in a more comprehensive approach to eliminating childhood lead poisoning at the local level.

In November 2001, the screening phase of the first HITS project in two inner-city communities in Chicago was completed. Blood samples were collected from 580 children 12 to 71 months of age. Preliminary analysis indicate that approximately 30% of the children have elevated BLLs. Data analysis is ongoing and will direct interventions. The total cost of the project is estimated to be around \$62,000.

WHAT ARE THE NEXT STEPS?

CDC and its partners will share the results of the first HITS project and use the lessons learned to implement HITS projects in additional communities. In fiscal year 2002, CDC will expend \$120,000 on planning and implementing at least two HITS projects in new locations.

For more information on the program, visit <http://www.cdc.gov/nceh/lead>.

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